



Volunteer Application

PLEASE ANSWER ALL QUESTIONS

DATE OF APPLICATION ____/____/____

IDENTIFICATION (IF UNDER 18 YEARS OF AGE, PLEASE HAVE PARENT/GUARDIAN FILL IN THIS SECTION)

Name _____

Last First Middle

Address _____

Street City State Zip Code

Telephone Number () ____ -- ____ (Home) () ____ -- ____ (Cell) () ____ -- ____ (Work)

Social Security Number [Redacted] [Redacted] [] [] [] [] Email: _____

In case of emergency, please contact _____ at () ____ -- ____
Area code

Relationship to applicant _____

Have you been employed here before? YES NO If yes, give dates ...from ____/____/____ to ____/____/____

Have you ever been convicted of a criminal offense other than minor traffic violations? YES NO
(Convictions will not automatically disqualify you for volunteering)

If yes, indicate date(s) and type(s) of offense(s) _____

Driver's license number: _____ Class A B C state issued: __ Expiration date: ____/____/____
(Please circle one)

Are you volunteering to fulfill a **Community Service** requirement? YES NO

Hours needed _____ Deadline ____/____/____

Employment/Volunteer History

List your last 2 employers, assignments or volunteer activities experience.

EMPLOYER	TELEPHONE () () --	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		FINAL		
EMPLOYER	TELEPHONE () () --	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
		\$	PER	

REASON FOR LEAVING	HOURLY RATE	
	FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	PER

Languages

- English Fluent ? YES NO
 Spanish Fluent ? YES NO

References

List name and telephone number of two references

NAME	TELEPHONE	YEARS KNOWN
	() --	
	() --	

AREAS OF INTEREST

- | | | |
|--|--|--|
| <input type="checkbox"/> Cat Cuddlers | <input type="checkbox"/> Donor Appreciation (Phone/Mail) | <input type="checkbox"/> Animal Assisted Activities |
| <input type="checkbox"/> Dog Walkers | <input type="checkbox"/> Reception/Admissions | <input type="checkbox"/> Fostering Cats/Kittens & Dogs/Puppies |
| <input type="checkbox"/> Adoption Volunteers | <input type="checkbox"/> Special Events | |
| <input type="checkbox"/> Helping Hands in the Office | <input type="checkbox"/> Education | |
| <input type="checkbox"/> Building Maintenance/ Repairs | <input type="checkbox"/> Animal Assisted Therapy | |
| <input type="checkbox"/> Animal Samaritans Auxiliary | | |

EXPERIENCE

Animals

- Dog
 Cat
 Training
 Grooming
 Kennel Cleaning

Development/PR

- Customer Service
 Public Speaking
 Working with the Media
 Marketing/Advertising
 Phone Marketing
 Sales
 Sponsorship Development
 Membership Development
 Corporate Relations
 Writing

Education

- Classroom Instruction
 Other Instruction
 Prepared Lesson Plans
 Taught Children (Age Group _____)
 Taught Adults

Community

- Volunteer Work
 Work with Children
 Work with Adults

Special Events

- Planning
 Underwriting
 Decorations

Clerical

- Filing
 Envelope Stuffing
 Data Entry
 Proof Reading

Software

- Microsoft Office Suite (e.g., Word, Excel, PPT)
 Publisher
 Graphics/Photoshop
 Web Editing

Other _____

HOURS YOU ARE AVAILABLE TO WORK

Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

IF APPLICANT UNDER 18

Volunteer Name _____ Date Of Birth, If Under 18 Years Of Age ___/___/___

Parent/Guardian Names _____

Telephone Number () ____--____ (Home) () ____--____ (Cell) () ____--____ (Work)

Primary Doctor _____ Telephone Number () ____--____

OTHER

Many of the positions at Animal Samaritans require working with the public and with the animals directly. Some jobs may also require lifting up to 50lbs. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? YES NO

If no, describe the functions that cannot be performed and what accommodations are required?

Please list any medical problems, allergies, or other issues which we should be aware of to insure a safe volunteer environment?

GUIDELINES

1. Volunteers will abide by the rules, regulations, policies and programs of the Animal Samaritans while they are an active volunteer.
2. Volunteers agree to be supervised by Animal Samaritans staff or designee and will work as a team member with all other volunteers and staff.
3. Volunteers must be aged 16 or older. Volunteers under 18 years of age must have the permission and signature of a parent or guardian to volunteer.
4. Volunteers are required to attend interviews, orientations, and training as deemed necessary by Animal Samaritans.
5. Volunteers should be polite and helpful at all times. All people and animals are to be treated with respect and courtesy. Volunteers are required to adhere to the rules explained in the training as it pertains to animal handling.
6. Volunteers should refer questions from the public regarding Animal Samaritans policies to the staff **only**.
7. Volunteers must follow the "VOLUNTEER ETHICS AND STANDARDS OF BEHAVIOR" included in the Volunteer Manual.
8. Volunteers should maintain confidentiality in regards to Animal Samaritans clients, donors and business.
9. Volunteers acknowledge the potential safety risks of working with animals and may not bring friends or relatives with them while volunteering.
10. Volunteers must accept the guidance and decisions of the professional staff person responsible for volunteer activities. Problems and disagreements should be taken to the department supervisor or the Volunteer Coordinator. Volunteer supervision should be consistent with the Volunteer Manual. This manual is available for review from the Volunteer Coordinator and is handed out at the volunteer orientation.

11. Volunteers are responsible for keeping track of their schedules and logging in daily according to their supervisor's system. **Reasonable** notice is required if unable to make a volunteer shift.
12. Verification of the volunteer's current driver's license and proof of insurance must be given to the volunteer's supervisor before driving any center vehicle or conducting Animal Samaritans business in a volunteer's own car.
13. Volunteers shall NOT obligate the organization financially, unless there is express written consent on the part of the appropriate staff person.
14. Volunteers shall agree to the Animal Samaritans right to release them for unsafe practices, for not following the procedures described in orientations and training sessions, or for any behavior that is inappropriate for Animal Samaritans business. Release will be determined by Animal Samaritans personnel only.
15. Parents are required to sign paperwork for minors over the age of 16. Animal Samaritans reserves the right to release a minor volunteer from his or her job without delay if it feels the situation is either unsafe or unproductive.
16. Any accident or injury to either a person or animal should be reported to an Animal Samaritans' manager immediately.

WAIVERS

- Tetanus Information: I understand that because I, or my child (if applicant is under 18 and over 16) may handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release Animal Samaritans from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.
- In the event of an emergency, I hereby give Animal Samaritans permission to seek medical attention for myself or my child, if applicant is under 18.
- I give permission for Animal Samaritans to photograph me or my child (if applicant under 18) for use in any publication or advertising purposes that Animal Samaritans may designate.
- I acknowledge and understand that as a volunteer of Animal Samaritans, I or my child (if applicant under 18) is not covered by Animal Samaritans workers compensation or any other insurance policy for any damages or injuries I or my child may sustain during volunteer activities.
- I understand that as a volunteer for Animal Samaritans, I or my child (if applicant under 18) agree to indemnify, defend and hold the Animal Samaritans, its Board of Directors, officers and employees harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever arising out of or related to my duties.
- I understand that Animal Samaritans activities may involve strenuous activity on my part I am in good health and am aware of no physical problem or condition that will limit or interfere with my ability to participate in the activities.

OTHER INFORMATION

I have read, understand and agree to the above information and the Volunteer Guidelines on the previous pages. I certify that the answers given on this application are true and correct. I authorize reference & employment verification and background checks as necessary. As part of the process and/or from time to time during my association with Animal Samaritans SPCA Inc, I agree to submit upon request to a physical examination and/or drug and alcohol screening by a physician or laboratory selected and paid by Animal Samaritans SPCA Inc. I also agree that, if I am a volunteer employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the Animal Samaritans SPCA Inc's general liability insurance carrier shall be considered misconduct that may result in my dismissal.

Signature of Applicant _____ Date ____/____/____

Signature of Child, if under 18 _____ Date ____/____/____